

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9898 Office of Registrar of Vital Statistics. Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 1st, 1887



B

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Katie Lindemann

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 6 Months, Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

City

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death, { Give Street and Number. }

2439 Canton Av.

Cause of Death, { First (Primary),
Second (Immediate), }

Malnutrition
Convulsions

Duration of Last Sickness,

3 months

All the above information should be furnished by the Physician.

Place of Burial, 1st Evangelical

Date of Burial, April 3rd 1887 John H. Rehberger M. D.

Undertaker, H. Sanders & Son

Medical Attendant.

Place of Business, 1710 Canton Av. Address # 1709 Alice armah

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

9898 Office of Registrar of Vital Statistics. Ward 2 a

Permit No.

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CERTIFICATE OF DEATH.

Date of Death,

April 1/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Eva A. Boehm

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years,

3 Months,

Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Balt. city

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } 1836 East ave

Cataract fever

Cause of Death, { First (Primary),

Convulsions

Second (Immediate),

Duration of Last Sickness,

4 days

All the above information should be furnished by the Physician.

Place of Burial, 18 Evans street

Date of Burial, April 3 - 1887

{ Undertaker, H. Sanders & Son }

{ Place of Business, 1710 Benton St. }

R.W. Mansfield

M. D.

Medical Attendant.

Address, 129 Broadway

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Health Department, City of Baltimore.

Permit No. 98984 Office of Registrar of Vital Statistics.

Ward 64

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B

CERTIFICATE OF DEATH.

Date of Death,

April 2. 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Frederick Black

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } V

Occupation,

Balk. Rd.

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Since first

Place of Death, { Give Street and Number. } Rue & Orleans St.

Cause of Death, { First (Primary), Infantile Remittent Fever
Second (Immediate), Meningitis

Duration of Last Sickness, Twelve Days

All the above information should be furnished by the Physician.

Place of Burial, Bellona Cemetery

Date of Burial, April 4 1887 H. G. Luck M. D.

Undertaker, John Morris

Medical Attendant.

Place of Business, 2008 Orleans Address, P. 2008 Orleans

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Health Department, City of Baltimore.

Permit No. 98985

Office of Registrar of Vital Statistics.

Ward 3

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CERTIFICATE OF DEATH.

Date of Death,

April 2, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Mary Edna Harrison

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

St. Michael's, Md.

Three mos.

Duration of Residence in the City of Baltimore,

106 S. Carroll St.

Place of Death, { Give Street and Number. }

Infantile Remittent Fever
Measles

Cause of Death, { First (Primary),

Second (Immediate),

Undeveloped

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St. Michael's

Date of Burial, April 3, 1887

Undertaker, A. S. Dry

Place of Business, 301 N. Broadway

G. G. Luck

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

[OVER.]

(4515) Mrs

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Office of Registrar of Vital Statistics.

Ward 18th

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CERTIFICATE OF DEATH.

Date of Death,

2 April 1887

Rebecca Lewis

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 85 Years,

1 Month,

10 Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

none

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Montgomery Co. Va.

Duration of Residence in the City of Baltimore,

38 years

Place of Death, { Give Street and Number. }

229 S. Gilmore

Cause of Death, { First (Primary),

old age

Second (Immediate),

Apopley

Duration of Last Sickness,

Five days

All the above information should be furnished by the Physician.

Place of Burial, Fairview Park Cemetery

Date of Burial, April 4

Undertaker, F.B. Cook

John Howard, M. D.

Medical Attendant.

Place of Business, 1003 W. Butler

Address, 1403 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9898 Office of Registrar of Vital Statistics. Ward 9A

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, April 1st 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Julia Vogt

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 3 Years, 4 Months, 12 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Balto.

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 26 Centre M. Space

Cause of Death, { First (Primary), Pneumonia
Second (Immediate), Asphyxia }

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park cemetery

Date of Burial, Apr 4 1887

{ Undertaker, Joe B. Cook }

{ Place of Business, 1003 N. Baltimore }

Wm. Gombel

M. D.

Medical Attendant.

Address, 610 N. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98988 Office of Registrar of Vital Statistics. Ward 7

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CERTIFICATE OF DEATH.

Date of Death, 31 March 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emil Miller

Sex, Male or Female, { Cross out the word not required in this line. } male

Age, 55 Years, — Months, — Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } married

Occupation, merchant

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Montane Germany. 35 years old.

Duration of Residence in the City of Baltimore, 14 years

Place of Death, { Give Street and Number. } 369 N Broadway

Cause of Death, { First (Primary), Pneumonia of both lungs
Second (Immediate), Asphyxia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, April 4th

A. G. Reichard M. D.

Medical Attendant.

{ Undertaker, H. C. Wiedefeld

{ Place of Business, 916 Franklin Ave

Address, 920 N Howard Street

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 18989 Office of Registrar of Vital Statistics. Ward 12

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CERTIFICATE OF DEATH

Date of Death, April 20

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elizabeth C. Collier

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 75 Years, Months,

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Teacher

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Dorchester Co. Md

Duration of Residence in the City of Baltimore, 72 years

Place of Death, { Give Street and Number. } 1408 Pennant

Cause of Death, { First (Primary), Second (Immediate), } Old Age

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, April 4th 1887

Undertaker, J. G. Mough & Co.

Place of Business, 1408 Pennant

Edward P. Miller M. D.

Medical Attendant.

Address, 208 Argonne

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8990 Office of Registrar of Vital Statistics. Ward 9

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CERTIFICATE OF DEATH

Date of Death, April 1st 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Esther A. Wells

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 48 Years, — Months, — Days.

Color, White

Married, Single, Widow, Widower, { Cross out the words not required in this line. }

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore, Md

Duration of Residence in the City of Baltimore, 6 months

Place of Death, { Give Street and Number. }

933 N. Calvert St

Cause of Death, { First (Primary), }

Bright's Disease of Kidneys.

{ Second (Immediate), }

Heart Disease and Dropsey.

Duration of Last Sickness, Do not know; called in 10 days before death.

All the above information should be furnished by the Physician.

Place of Burial, Galveston Tex

Date of Burial, April 4th 1887

{ Undertaker, Young and Mitchell

{ Place of Business, 550 Lafayette St Address, 97 W. Charles St

Thomas Shearer M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

(4616) Orane

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98996

Office of Registrar of Vital Statistics.

Ward 100

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CERTIFICATE OF DEATH.

Date of Death, April 9, 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Gertrude Camper

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 1 Years, 8 Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, lifetime

Place of Death, { Give Street and Number. } # 571 Mulberry St

Cause of Death, { First (Primary), Second (Immediate), } Consumption of strong liquors

Duration of Last Sickness, 12 mos

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, April 4th 1887

Undertakers, Stewart & Bowen

Place of Business, 35 Park Ave

J. J. Finsticum

M. D.

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]